

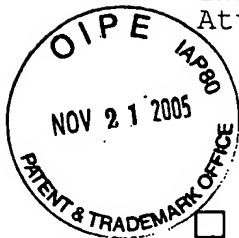
11-22-05

IFW/s

FEE TRANSMITTAL

Application Number 10/728,199
Filing Date December 4, 2003
Inventor(s) Ijames et al.
Examiner Name Essama Omgba
Attorney Docket Number ACM 7710.1

Art Unit 3726
Confirmation No. 7946



☒ Applicant claims small entity status.

METHOD OF PAYMENT

- ☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
 Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
 Multiple Dependent Claims Fee \$ _____
 (HP = highest number of claims paid for)
 Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN ÷ 50 = 0 x \$250 = \$ 0.00
 (Application + Drawings) (round up to whole #)
 Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☒ one (1) month extension of time
- ☐ Information disclosure statement
- ☐ 37 CFR 1.17(q) processing fee
- ☐ Non-English specification
- ☐ Notice of Appeal
- ☐ Filing a brief in support of appeal
- ☐ Request for oral hearing
- ☐ Other: _____

Subtotal (4) \$ 60.00

TOTAL AMOUNT OF PAYMENT \$ 60.00

Andrew N. Claerbout

Andrew N. Claerbout
Reg. No. 50,202

11/21/05

Date
Telephone: 314-231-5400

ANC/imd

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